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FM AMEMBASSY HARARE
TO RUEHC/SECSTATE WASHDC IMMEDIATE 3954
RUEHSA/AMEMBASSY PRETORIA IMMEDIATE 5628
INFO RUCNSAD/SOUTHERN AF DEVELOPMENT COMMUNITY COLLECTIVE
RUEHGV/USMISSION GENEVA 1858
RUCNDT/USMISSION USUN NEW YORK 1979
RUEHRN/USMISSION UN ROME
RUEHBS/USEU BRUSSELS
RHEHAAA/NSC WASHINGTON DC
RUEKJCS/SECDEF WASHINGTON DC
RHMFISS/JOINT STAFF WASHINGTON DC

UNCLAS SECTION 01 OF 03 HARARE 000050

SIPDIS
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AFR/SA FOR ELOKEN, LDOBBINS, BHIRSCH, JHARMON
OFDA/W FOR PMORRIS, ACONVERY, LPOWERS, TDENYSENKO
FFP/W FOR JBORNS, ASINK, LPETERSEN
PRETORIA FOR HHALE, PDISKIN, SMCNIVEN
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NSC FOR CPRATT

E.O. 12958: N/A
TAGS: EAID TBIO EAGR PREL PHUM ZI
SUBJECT: ZIMBABWE CHOLERA - USAID/DART SITUATION REPORT #4

HARARE 00000050 001.2 OF 003

SUMMARY

¶1. As of January 22, the UN World Health Organization (WHO) reported a total of over 48,600 cholera cases in Zimbabwe since the outbreak began in August, with 2,755 deaths and a case fatality rate (CFR) of 5.7 percent. According to the WHO epidemiological report covering the week of January 11 to 17, nearly 70 percent of the deaths occurred in communities rather than in health facilities, far above the approximately 58 percent of deaths recorded outside of health facilities for the outbreak overall. The increasing number of community deaths is likely due to the expanding number of cholera cases in rural, hard-to-reach areas without nearby cholera treatment centers (CTCs) and adequate or affordable transportation. WHO noted large increases in new cases reported between January 11 and 17 in Masvingo, Matabeleland North, Midlands, and Mashonaland Central provinces, while noting declines in the Harare area, as well as Mashonaland East Province.

¶2. To date, USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) has committed nearly USD 4.9 million for grants and relief commodities to five implementing partners to conduct water, sanitation, and hygiene (WASH) interventions. USAID/OFDA-procured soap has begun to arrive at the UN Children's Fund (UNICEF) warehouse in Harare, where it will be provided to humanitarian organizations conducting hygiene materials distributions to at-risk populations. The USAID Disaster Assistance Response Team (USAID/DART) continues to finalize grants with the remaining funds from the USD 6.8 million pledged for the cholera response, including a request from WHO to provide funding for the cholera command-and-control center as well as additional WASH-focused programming. END SUMMARY.

HUMANITARIAN SITUATION

¶3. As of January 22, the WHO reported a total of over 48,600 cholera

cases in Zimbabwe since the outbreak began in August, with 2,755 deaths and a case fatality rate (CFR) of 5.7 percent. Since the outbreak began in August 2008, cholera has spread to all of Zimbabwe's provinces and 55 of Zimbabwe's 62 districts. WHO noted that there are currently 235 CTCs in Zimbabwe, with 49 percent receiving assistance from humanitarian organizations.

¶4. In the most recent WHO weekly epidemiological update, the most detailed to date, WHO reported 6,466 new cases, 420 deaths, and a CFR of 6.5 percent, covering the week running from January 11 to 17. The WHO epidemiologist noted that the number of cases and deaths reported were the highest weekly totals to date for new cases and deaths, with approximately 500 more cases reported than the previous peak in the week ending on December 27.

¶5. Reported cases and deaths had fallen significantly during the week running from December 28 to January 3 and began to rise again during the week of January 4 to 10, likely due in part to reporting delays during the holiday period. The CFR for the week ending on January 17 also returned to approximately the same level as the CFR recorded during the week ending on December 27, though still below the nearly 9 percent weekly CFR recorded in early December. The increase in cases and deaths is due to continued outbreaks in rural areas of the country, likely resulting from people traveling from cholera-affected areas to home villages during the holiday season.

¶6. For the week of January 11 to 17, nearly 70 percent of the deaths occurred outside of health facilities, far above the approximately 58 percent of deaths recorded outside of health facilities for the outbreak overall. The increasing number of community deaths is likely due to the expanding number of cholera cases in rural, hard-to-reach areas without nearby CTCs and adequate or affordable transportation.

¶7. WHO noted that more than 1,850 new cases, or nearly 30 percent of the total cases for the week, were reported in Masvingo Province, a large increase over previous weeks. Sharp increases in new cases reported were also noted in Midlands and Mashonaland Central provinces. Harare and Mashonaland West provinces continue to account for more than half of the total cumulative cases. The current caseload in Harare has declined over the past two weeks, and is far below the caseload from late November. A declining caseload was also noted in Mashonaland East Province.

¶8. WHO also reported 385 new cases in Binga District of Matabeleland North Province during the week of January 11 to 17. The province had previously only reported two cholera cases during the entire outbreak.

USG RESPONSE

¶9. USAID/DART staff are conducting field visits, participating in humanitarian coordination meetings, and meeting with implementing partners. To date, USAID/OFDA has committed more than USD 4.9 million for grants and relief commodities to five implementing partners to conduct WASH interventions. USAID/OFDA-procured soap has begun to arrive at the UNICEF warehouse in Harare, where it will be provided to humanitarian organizations conducting hygiene materials distributions to at-risk populations.

¶10. The USAID/DART continues to finalize grants with the remaining funds from the USD 6.8 million pledged for the cholera response, including a request from WHO to provide funding for the cholera command-and-control center, as well as additional WASH programming. The USAID/OFDA strategy in response to the cholera crisis focuses on meeting the most critical outstanding needs through WASH promotion and hygiene commodity distributions in at-risk rural and urban areas to reduce the CFR.

HUMANITARIAN COORDINATION

¶11. Reporting has improved considerably though the establishment of the WHO-managed cholera command-and-control center, making it possible that weekly outbreak totals in earlier stages of the outbreak were underreported. The center is currently receiving reports daily from nearly half of the districts, while continuing to follow up with any district that has not reported in three days.

¶12. On January 21, the health cluster lead noted that staff from WHO and the International Center for Diarrheal Disease Research - Bangladesh (ICDDRB) had deployed to Mashonaland West, Matabeleland North, Matabeleland South, and Masvingo provinces to provide additional case management support.

¶13. On January 22, humanitarian organizations met to discuss the role of district-level focal points for the cholera response, which have been identified for most districts. Staff from humanitarian organizations will act as focal points for the health and WASH sectors, working with district authorities, such as district medical officers, to coordinate cholera response activities, identify needs and gaps in programming, promote the application of agreed health and hygiene standards, and provide weekly reporting on planned and implemented activities to the cholera command-and-control center. UNICEF agreed to provide financial support for up to four months for any humanitarian organization that needs to hire additional national staff to serve as a district-level focal point.

HEALTH

¶14. UNICEF has pledged USD 5 million towards the national health staff retention scheme. With funding from the UK Department for

International Development (DFID), health workers in Harare received retention incentives beginning in mid-January. The retention scheme will be rolled out to additional areas in the coming weeks.

¶15. From January 16 to 19, the ICDDRB team conducted a case management assessment in Makonde District of Mashonaland West Province, visiting three CTCs, two of which were located in remote areas. The team found that the CTC staff correctly classified dehydration levels, but tended to provide more treatment than necessary, overusing antibiotics and intravenous fluids (IVF) and underutilizing oral rehydration solution. The CTCs had adequate WASH infrastructure and infection control measures, but staff lacked adequate food, fuel, and any financial incentives, with some staff on strike as a result.

¶16. UNICEF conducted a health facilities baseline survey in Harare and nearby high-density suburbs between December 17 and 20. The survey found that most health facilities lacked regular electricity, water, and waste pickup. In addition, only one of the 29 health facilities surveyed had a full supply of essential medicines. Less than half of the health staff were on duty during the survey.

¶17. On January 21, humanitarian organizations cited reports of health workers in cholera treatment centers charging informal fees to patients for services. One organization offered a specific example of nurses in one district CTC charging patients USD 20, 200 South African Rand, or a goat for treatment with IVF. The Ministry of Health and Child Welfare (MOHCW) representative promised to follow up on the report, noting that the ministry had previously investigated a similar report during the outbreak in Chegutu District.

¶18. The nutrition cluster is finalizing educational materials on infant feeding during cholera outbreaks. The cluster is also preparing guidance on the rehydration of severely malnourished children.

WASH

¶19. UNICEF has deployed an international WASH information management specialist to work with the cholera command-and-control center for three months to improve coordination and reporting. The specialist presented a standardized weekly reporting form, which will be finalized with cluster input by January 23. The cholera command-and-control center will use the data to develop a "who is doing what were and when" map, and analyze the data in conjunction with epidemiological reporting to determine remaining gaps in the response.

¶20. Humanitarian organizations remain concerned about the potential spread of cholera in schools, which are currently scheduled to reopen on January 27 after a two week delay. The joint health and WASH cluster social mobilization task force has identified four non-governmental organizations as responsible for distributing educational materials on cholera prevention to schools, while four other humanitarian organizations will work with the MOHCW and the Ministry of Education, Sports, and Culture to conduct a training for hygiene promoters at the provincial level before schools reopen.

¶21. From December 17 to 20, a UNICEF team conducted a cholera knowledge, attitudes, and practices baseline survey, interviewing more than 1,400 people in community gathering places in Harare and Harare-area suburbs. The survey found nearly universal awareness of cholera and noted the majority of respondents clearly perceived that a lack of clean water and functioning sanitation facilities was the main barrier to cholera prevention.

MCGEE